

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
MONTHLY INSURANCE PREMIUM RATES
EFFECTIVE JULY 1, 2004

**UPW and UHPA rates are still being negotiated and are subject to change

Benefit Plan	Type of Enrollment	Employee Contribution	Employer Contribution
Medical Plans			
HMSA Medical, Drug & MBAH Chiro			
**BU 01, 61, 10, 20, 33, 70, 90, 07, 87, 88 only	Self	54.42	197.42
	Family	255.12	498.44
BU 05, 45, 55 only	Self	89.68	162.16
	Family	268.20	485.36
All other BU's	Self	99.72	152.12
	Family	300.42	453.14
Kaiser Medical, Drug & MBAH Chiro			
**BU 01, 61, 10, 20, 33, 70, 90, 07, 87, 88 only	Self	55.92	197.42
	Family	255.32	498.44
BU 05, 45, 55 only	Self	91.18	162.16
	Family	268.40	485.36
All other BU's	Self	101.22	152.12
	Family	300.62	453.14
Dual Coverage Medical Plans			
HMSA Dual Medical, Drug & MBAH Chiro			
**BU 01, 61, 10, 20, 33, 70, 90, 07, 87, 88 only	Self	17.22	141.58
	Family	145.12	333.46
BU 05, 45, 55 only	Self	52.46	106.34
	Family	158.20	320.38
All other BU's	Self	62.52	96.28
	Family	190.42	288.16
Royal State Dual Medical, Drug & MBAH Chiro			
**BU 01, 61, 10, 20, 33, 70, 90, 07, 87, 88 only	Self	10.40	131.38
	Family	87.34	246.78
BU 05, 45, 55 only	Self	6.46	37.34
	Family	18.82	111.30
All other BU's	Self	16.50	27.30
	Family	51.04	79.08
Prescription Drug Only Plan			
HMSA Prescription Drug Only			
**BU 01, 61, 10, 20, 33, 70, 90, 07, 87, 88 only	Self	16.18	37.54
	Family	60.18	103.56
All other BU's	Self	21.18	32.54
	Family	65.18	98.56

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Dental Plan			
HDS Dental			
**BU 01, 61, 10, 20, 33, 70, 90, 07, 87, 88 only	Self	8.22	17.56
	Family	18.42	54.76
All other BU's	Self	10.22	15.56
	Family	20.42	52.76
Dual Dental Plan			
HDS Dual Dental			
**BU 01, 61, 10, 20, 33, 70, 90, 07, 87, 88 only	Self	4.00	11.26
	Family	15.38	28.32
All other BU's	Self	6.00	9.26
	Family	17.38	26.32
Vision Plan			
VSP Vision			
All BU's	Self	2.36	3.58
	Family	5.08	7.64
Dual Vision Plan			
VSP Dual Vision			
All BU's	Self	1.34	2.04
	Family	2.86	4.36
Life Insurance			
Aetna Life Insurance			
All BU's		None	4.16